

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1		1			
3			1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
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46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

*	*	*	*
IND.	DER	IND.	DER
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99			
100			
TOTAL IND.		1	
TOTAL DEP.		1	
TOTAL CLAIMS		1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS